



## Zoo Camp Medical Information Form

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Parents/Legal Guardian: \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

### MEDICAL HISTORY

Chronic diseases or conditions: \_\_\_\_\_  
Medications now taking: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Current on all immunizations? \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

### MEDICAL INSURANCE (OPTIONAL)

Carrier: \_\_\_\_\_  
Member's Name/#: \_\_\_\_\_  
Benefit Code: \_\_\_\_\_  
L.D. Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

### MEDICINE ADMINISTRATION AUTHORIZATION

#### (ONLY REQUIRED IF MEDICATIONS ARE TO BE TAKEN WHILE AT CAMP)

Only prescription medication will be administered and only according to prescription label directions. Medicines must be in original labeled containers. Children will not be allowed to carry medicines with the exception of rescue inhalers with a note of permission signed by the parent/legal guardian. All other medicines will be held by Zoo staff.

I, \_\_\_\_\_, authorize the staff of the Columbian Park Zoo/Lafayette

*Parent Name*

Parks and Recreation Department to administer the following medication to my child,

\_\_\_\_\_, during camp hours.

*Child name*

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time of administration \_\_\_\_\_

Special instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*



## Camper Expectations

We believe that children thrive when they know what is expected of them. Please review the following safety and courtesy basics with your child:

**1. Campers are expected to speak and act with respect at all times.**

This means using only kind words, waiting your turn, and showing good listening skills. It also means treating property and facilities gently.

**2. Campers must stay with the group and where a camp staff member can see them.**

If a camper needs to leave the group to use the bathroom they must first ask a camp staff member for permission. When the group is outside, we will use a buddy system when campers need to return to the camp room, restrooms, etc.

**3. Campers are expected to always show a good attitude.**

Certain activities will require every camper to participate, while during other activities campers will be given a choice. Campers are encouraged to try their best even if an activity is not their favorite. Cooperation and teamwork are always expected.

**4. When meeting animals campers must stay seated and quiet.**

Learning about animals is fun! We want everyone to feel safe – including the animals. All animal safety rules must be obeyed every time we meet animals. Listen carefully to the teacher's instructions. Raise your hand to ask a question.

**5. Have fun!**

Camp should be fun...if everyone follows these guidelines, we will have a terrific time!

I understand how I am expected to behave and agree to do my best to follow all of the guidelines.

Signed: \_\_\_\_\_  
*Child's signature*

I acknowledge that I have discussed the above expectations with my child.

Signed: \_\_\_\_\_  
*Parent's signature*

Date: \_\_\_\_\_



# EMERGENCY CONTACT INFORMATION, MEDICAL AUTHORIZATION AND RELEASE AGREEMENT

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_,  
(Print your first and last name) (Print child's first and last name)

consent to my child's participation in the specified education programs. In an emergency I can be reached at the numbers listed below. In the event that I cannot be reached, I authorize Columbian Park Zoo staff to authorize or refuse necessary emergency treatment for my child.

I further agree to indemnify, protect and hold harmless the Parks Department, its officers, board members, supervisors, agents, servants, employees, and all other persons or organizations volunteering services without charge to supervise or chaperone the children who participate in this activity (collectively Park Personnel) from any claim or liability whatsoever, including, but not limited to personal injury, property damage, court costs, attorney's fees and interest, however caused, even if caused by the negligence of Park Personnel, as a result of my child's participation.

I further agree that the Parks Department, its officers, board members, agents, servants, or employees reserve the right to terminate the participation of my child in the program for failure to behave and act in accordance with the Parks Department regulations on conduct, or for failure to follow the instructions and directions of the supervisors or chaperones, or for any acts of conduct deemed by the agents of the Parks Department to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the program. If the participation is terminated, no participation fees will be refunded.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

## Emergency Contact Numbers:

Call 1st: \_\_\_\_\_ ( ) - \_\_\_\_\_ ext. \_\_\_\_\_.  
(e.g. "Mom's cell phone" or "Dad at work")

Call 2nd: \_\_\_\_\_ ( ) - \_\_\_\_\_ ext. \_\_\_\_\_.

Alternate Emergency Contact Person's Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Call: ( ) - \_\_\_\_\_ ext. \_\_\_\_\_.

*Please consider selecting a nearby relative or friend to serve as an alternate emergency contact person.*